

Case Number:	CM15-0116709		
Date Assigned:	06/24/2015	Date of Injury:	01/07/2005
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male, who sustained an industrial injury on 1/07/2005. Diagnoses include localized primary osteoarthritis shoulder. Treatment to date has included injections, medications, home exercise and surgical intervention including right shoulder arthroscopy (5/15/2014) and left shoulder arthroscopy (2/20/2015) followed by physical therapy. Per the Primary Treating Physician's Progress Report dated 5/21/2015, the injured worker reported that he is doing great and has no complaints status post left shoulder surgery. He has been playing golf and has completed 12 visits physical therapy to date. Physical examination of the left shoulder revealed tenderness to palpation over the incision with 4/5 internal and external rotation. Forward flexion was 90 degrees active and 120 degrees passive (finger walk), abduction was 90 degrees and scapular motion remains an issue. The plan of care included additional physical therapy and authorization was requested for 12 additional postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 additional postoperative physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for

Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Adhesive capsulitis.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p left shoulder arthroscopy in February 2015 without noted complications and has completed at least 12 post-op PT visits. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. However, there is no clear measurable evidence of deficits to support further PT treatment as the patient is reported as doing well, playing golf 3 times a week without noted ADL limitations for formal PT, already participating in a home exercise program. There is no evidence documenting deficient functional baseline with clear goals to be reached. Current request for an additional 12 sessions was modified for 6 visits to continue with an independent HEP. The 12 additional postoperative physical therapy is not medically necessary and appropriate.